



First-tier Tribunal Health, Education and Social Care Chamber (Mental Health)

Witness expenses - guidelines

Check that all the details on the form are correct using the guidelines and that you meet the eligibility requirements below.

Claims can only be accepted if you are recorded on the Tribunal decision as attending and giving evidence at the Tribunal.

We are unable to accept claims where correction fluid (e.g. Tippex) has been used. If you do make a mistake on your claim, please cross through the figure and insert your initials next to the error. Any claims where correction fluid has been used will be returned to the claimant for them to resubmit.

Any forms that have been completed incorrectly will be returned for correction and may delay payment, so please ensure you fill in the form with as much detail as possible and please double check the form before sending it back.

You must ensure that you fill in the total amount claimed correctly.

Please do not fax or email your form to us as we require original hard copies that have been signed.

Please enclose all receipts with the claim form. Without receipts, the claim cannot be paid.

Any expenses claimed that are found to be fraudulent will be sent back to you.

Claims must be submitted **within 30 days** of the Tribunal Hearing. Any claims submitted after 30 days will require justification in writing and may be refused.

Please allow up to three weeks for payment.

If you have any queries regarding the above guidance please contact:

The Witness Expenses Officer
HM Courts & Tribunals Service
First-tier Tribunal (Mental Health)
PO Box 8793
Leicester
LE1 8BN

Tel : 0300 123 2201
Email : mhrtenquiries@hmcts.gsi.gov.uk

Guidance notes for completing Expenses Form

Completing the form

Please complete all the relevant sections of this form.

Part A

You should complete this section with your name, address and other contact details. The information should be entered, as indicated, and in the boxes provided (one character per box).

Part B

This section is for you to enter your bank details.

Part C

Address where to return the claim form.

Annex A - Details of claim

To be completed by you, including the 'Claimant declaration'.

Mileage rates payable for private transport

- You can claim **25p** per mile travelled. Please note that we will pay the mileage using the quickest route available from the claimant's home address directly to the hospital, and this may not be the actual route travelled. For audit purposes, **all** mileage claims are validated using www.theaa.com/route-planner/index.jsp
- **2p** per mile for first passenger.
- **1p** per mile for any additional passengers.
- You can claim for a maximum of two additional passengers if they are either:
 1. Also a witness at the hearing and recorded on the Tribunal decision as giving evidence.
 2. In attendance to support the witness in the capacity of their carer. (Please provide details in Annex B).
- We will not pay for car parking charges or car parking penalties you may incur.

Public transport

- Travel expenses will only be applicable in England and Wales.
- **International travel will not be paid unless prior authorisation has been given by the tribunal office.**
- You may only travel on standard class rail travel.
- In line with audit guidelines, you must submit receipts for all expenditure claimed. This includes receipts for the use of public transport and overnight accommodation costs.
- Taxi fares, even for short distances, **payment will only be paid in exceptional circumstances** which need to be stated in Annex B of the claim form.

Overnight Accommodation

- Overnight accommodation will only be payable in exceptional circumstances. You must provide us with a written reason as to why you required an overnight stay in Annex B. A maximum of one night only can be claimed up to a maximum of £80.

Receipts must be provided

Loss of earnings

- Maximum payable for loss of earnings is **£44.80** daily.
- We will require a letter from your employer on company headed paper to confirm you were not paid for the days in question.
- **If you are self-employed, you must:**
 - Provide us with a solicitors or accountant's letter giving details of your trading name, trading address and a recent balance sheet; **or**
 - Provide copies of your most recent tax returns.

Annex B

To be completed by you, to provide details of any exceptional circumstances relating to your claim.

Parts D - G

To be completed by departmental staff.

Please note that we will return any forms that are not completed correctly.

Annex A – Details of claim

Reason for claim:						Total (£)
Date and location of hearing:						
*Patients name:						
		Witness/Claimant	First Passenger	Second Passenger		
Enter name/s of person travelling:						
** Public transport	Type: bus/train/tube etc					
	Fares paid (£)				£	
Private transport: Distance from home address to venue	Number of miles					
	Rate (per mile)				£	
Misc: (Loss of earnings etc)						
	Receipted cost	£			£	
Overnight Accommodation: where an overnight stay is essential (reasons must be provided in annexe B)					£	
	Receipted cost	£				
Grand total (£)						
Claimant declaration						
# I request payment of this claim totalling £_____. I declare that the expenses claimed were necessarily and correctly incurred.						
Signed: _____ Date: _____						
Please print full name:_____						
# Note: Payment of sum claimed is subject to verification of the details of the claim and resulting payment may differ.						

Annex B – Exceptional Circumstances

Please provide details of any supporting information relevant to your claim

Part D – To be completed by departmental staff

Enter payee code in box below if making an amendment. Please note amendments to an individual whose postcode has changes will be reflected in a change to the payee code.

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Part E – To be completed by departmental staff (type only)

DIV/RO			
Telephone number:	0300 123 2201		
OIS login or email address	mhrtenquiries@hmcts.gsi.gov.uk		
Business Entity Code		Budget Manager	
Date		Requester name	

Part F – To be completed by FD-CAFE 2

New payee account code

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Date:

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 Initials:

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Date stamp

Part G – To be completed by departmental staff

Certification and coding	
I have checked this claim and am satisfied that it is correct for payment.	
Signed: _____ Date: _____	
Please print full name:	
BEC:	TSMH, PO Box 8793, Leicester, LE1 8BN
NAC:	